

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041953

1. Entity Name

UNIVERSITY CASH, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90153 031 ***550.00

Principal Place of Business

1131 WEST UNIVERSITY AVE.
GAINESVILLE FL 32601

Mailing Address

1131 WEST UNIVERSITY AVE.
GAINESVILLE FL 32601

2. Principal Place of Business

1127 West University Ave

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

59-3576364

Applied For

Not Applicable

Zip

32601

Country

USA

Zip

32601

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, OSCAR
1131 WEST UNIVERSITY AVE.
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS RODRIGUEZ, OSCAR
CITY-ST-ZIP 1131 WEST UNIVERSITY AVE.
GAINESVILLE FL 32601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: X. Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00 352-335-9097
Date Daytime Phone #

CR2E034 (5/00)

attachment 094000041953
08075833

To whom it may concern:

This was the first time we filed as an S-Corporation and since we are a small company wrestling with the challenges of a new business; I misplaced the original forms. Therefore I would like to inquire as to the possibility of getting a refund. I understand I was late and I apologize for it and assure you that I will be more timely in the future. I thank you in advance for your consideration of this problem. If you have any question or require additional information please do not hesitate to call me at the following toll free numbers.

University Cash
Jesus Diaz

1-800-257-5503